## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| -                                                                                                                                                                                                                                                                                                          | Effective October 1, 2000                            |                                 |               |                                    |              |                  |                 |           |                        | 09/869864 |                     |                          |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------|---------------|------------------------------------|--------------|------------------|-----------------|-----------|------------------------|-----------|---------------------|--------------------------|--|--|
|                                                                                                                                                                                                                                                                                                            | CLAIMS AS FILED - PART I (Column 1) (Column 2)       |                                 |               |                                    |              |                  |                 | ALL E     |                        |           |                     |                          |  |  |
| $\ $                                                                                                                                                                                                                                                                                                       | TOTAL CLAIN                                          | <i>I</i> IS                     | Con           | ımn 1)                             | (Cc          | (Column 2)       |                 | TYPE [    |                        | OR        |                     | OTHER THAN  SMALL ENTITY |  |  |
| $\  \cdot \ $                                                                                                                                                                                                                                                                                              | FOR                                                  | AILIAAD                         | NUMBER FILED  |                                    |              |                  | RATE            |           | FEE                    |           | RATE FEE            |                          |  |  |
| $\parallel$                                                                                                                                                                                                                                                                                                | TOTAL CHARG                                          | 17                              | 17            |                                    | NUMBER EXTRA |                  | BASIC FEE       |           | 0                      | R BASIC F | EE 860              |                          |  |  |
| 止                                                                                                                                                                                                                                                                                                          | NDEPENDENT                                           | 10                              | /             |                                    |              |                  | X\$ 9=          |           | Of                     | X\$18:    | =                   |                          |  |  |
| ╟                                                                                                                                                                                                                                                                                                          | MULTIPLE DEP                                         |                                 | minus 3 =     |                                    |              | X.               | X40=            |           | OF                     | X80=      |                     |                          |  |  |
| -                                                                                                                                                                                                                                                                                                          |                                                      |                                 |               |                                    |              |                  |                 |           | <del> </del>           | -10       | ` <del> </del>      | <del>- </del>            |  |  |
| •                                                                                                                                                                                                                                                                                                          | If the difference                                    | ce in column 1 i                | s less than   | zero, enter                        | "0" in       | column 2         | +135=<br>TOTAL  |           |                        | OF        | L                   |                          |  |  |
|                                                                                                                                                                                                                                                                                                            |                                                      |                                 |               | NDED - PART II                     |              |                  | 10              | IAL       |                        | OR        | r TOTAL             | 860                      |  |  |
| Γ                                                                                                                                                                                                                                                                                                          | <del></del>                                          | (Column 1)                      |               | (Colum                             | n 2)         | (Column 3)       | SM              | ÀLL E     | NTITY                  | OR        |                     | R THAN<br>ENTITY         |  |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                |                                                      | REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA | RA              | ΓE        | ADDI-<br>TIONAL<br>FEE | 7         | RATE                | ADDI-<br>TIONAL          |  |  |
| END                                                                                                                                                                                                                                                                                                        | Total<br>Independent                                 | ·                               | Minus         |                                    |              | =                | X\$ :           | 9=        | 166                    | OR        | X\$18=              | FEE                      |  |  |
| AM                                                                                                                                                                                                                                                                                                         | FIRST PRESI                                          | ENTATION OF M                   | Minus         | <u> </u>                           |              | =                | X40             |           |                        | 1         | X80=                |                          |  |  |
|                                                                                                                                                                                                                                                                                                            | 1                                                    | ENTATION OF M                   | OLTIPLE DE    | PENDENT (                          | CLAIM        |                  |                 | $\dashv$  |                        | OR        | ∧ou=                | <b> </b>                 |  |  |
|                                                                                                                                                                                                                                                                                                            |                                                      | •                               |               |                                    |              |                  | +135            | !_        |                        | OR        | +270=               |                          |  |  |
|                                                                                                                                                                                                                                                                                                            |                                                      | (Column 1)                      |               | (Cal                               | 0.           |                  | ADDIT. I        | TAL<br>EE | <u> </u>               | OR ,      | TOTAL<br>ADDIT, FEE |                          |  |  |
| Ω                                                                                                                                                                                                                                                                                                          |                                                      | CLAIMS<br>REMAINING             | 14-18-0       | (Column<br>HIGHES                  | ST .         | (Column 3)       |                 |           |                        |           |                     |                          |  |  |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                           | Total                                                | AFTER<br>AMENDMENT              |               | PREVIOU:<br>PAID FO                | SLY          | PRESENT<br>EXTRA | RAT             |           | ADDI-<br>IONAL<br>FEE  |           | RATE                | ADDÍ-<br>TIONAL<br>FEE   |  |  |
|                                                                                                                                                                                                                                                                                                            | Independent                                          | •                               | Minus         | **                                 |              | =                | X\$ 9           | =         |                        | OR        | X\$18=              |                          |  |  |
| ¥                                                                                                                                                                                                                                                                                                          |                                                      | NTATION OF MU                   | Minus         |                                    |              | =                | X40=            | _         |                        | ŀ         | X80=                |                          |  |  |
|                                                                                                                                                                                                                                                                                                            |                                                      | TOTAL OF THE                    | CTIPLE DE     | PENDENT CI                         | LAIM         |                  |                 | +         |                        | OR        | 700=                |                          |  |  |
|                                                                                                                                                                                                                                                                                                            |                                                      |                                 |               |                                    |              |                  | +135:           | L_        |                        | OR        | +270=               |                          |  |  |
|                                                                                                                                                                                                                                                                                                            |                                                      | (Column 1)                      |               | <b></b>                            |              |                  | TOT<br>ADDIT. F | EE        |                        | OR A      | TOTAL<br>DDIT. FEE  |                          |  |  |
| ,                                                                                                                                                                                                                                                                                                          | ** \$ ** * * * * * * * * * * * * * * *               | CLAIMS<br>REMAINING             | STATE ALL     | (Column<br>HIGHES                  |              | Column 3)        | <b></b>         |           |                        |           |                     |                          |  |  |
| <u> </u>                                                                                                                                                                                                                                                                                                   | Table 1                                              | AFTER<br>AMENDMENT              |               | NUMBER<br>PREVIOUS<br>PAID FOR     | LY           | PRESENT<br>EXTRA | RATE            | TIC       | DDI-<br>ONAL<br>EE     |           | RATE                | ADDI-<br>TIONAL          |  |  |
| -                                                                                                                                                                                                                                                                                                          | Total                                                |                                 | Minus         | **                                 | ]            | =                | X\$ 9=          |           |                        |           | X\$18=              | FEE                      |  |  |
| -                                                                                                                                                                                                                                                                                                          |                                                      |                                 | Minus         | ***                                |              | =                | X40=            | +         |                        | OR        |                     |                          |  |  |
|                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  X40= |                                 |               |                                    |              |                  |                 |           |                        | DR _      | X80=                |                          |  |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                        |                                                      |                                 |               |                                    |              |                  |                 |           |                        | +270=     |                     |                          |  |  |
| If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                      |                                 |               |                                    |              |                  |                 |           |                        |           |                     |                          |  |  |
|                                                                                                                                                                                                                                                                                                            | "Ariest MOWP                                         | er Previously Paid              | For (Total or | ndependent) i                      | s the hi     | ghest number fo  | ound in the a   | pprop     | iale box ir            | o colum   | nn 1.               |                          |  |  |